

<i>SERFF Tracking Number:</i>	<i>THRV-126316795</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Thrivent Financial for Lutherans</i>	<i>State Tracking Number:</i>	<i>44035</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Replacement Face Pg LT</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Replacement Face Pg LT

TOI: L04I Individual Life - Term

SERFF Tr Num: THRV-126316795 State: Arkansas

SERFF Status: Closed-Approved- Closed  
State Tr Num: 44035

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Karen Guyette

Date Submitted: 11/09/2009

Reviewer(s): Linda Bird

Disposition Date: 11/16/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/16/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/16/2009

Deemer Date:

Created By: Karen Guyette

Submitted By: Karen Guyette

Corresponding Filing Tracking Number:

Filing Description:

In order to comply with Arkansas Rule 97 Life Insurance And Annuities Replacement, we are submitting for your review and approval the following form.

Replacement Face Page, Form L-LX-LTR (10)

This replacement face page will be used with Term Life Insurance To Age 95 Contract, form L-LX-LT (09), which was approved by your department on 7/22/2009 (State Tracking No. 42733).

SERFF Tracking Number:      *THRV-126316795*      State:      *Arkansas*

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Company Tracking Number:

TOI:      *L04I Individual Life - Term*      Sub-TOI:      *L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*

Product Name:      *Replacement Face Pg LT*

Project Name/Number:      */*

This replacement face page will be used in place of the existing contract face page when the application for insurance indicates that a replacement is involved. The replacement face page contains the 30-day notice of right to return the contract.

## Company and Contact

### Filing Contact Information

Karen Guyette, Compliance Specialist II      karen.guyette@Thrivent.com  
 625 Fourth Ave. South      800-847-4836 [Phone] 37251 [Ext]  
 Minneapolis, MN 55415      612-340-5040 [FAX]

### Filing Company Information

Thrivent Financial for Lutherans	CoCode: 56014	State of Domicile: Wisconsin
4321 North Ballard Road	Group Code: 2938	Company Type: Fraternal
Appleton, WI 54919-0001	Group Name:	State ID Number:
(800) 847-4836 ext. [Phone]	FEIN Number: 39-0123480	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 form X \$20 = \$20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$20.00	11/09/2009	31895257

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*Fixed/Indeterminate Premium - Single Life*

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/16/2009	11/16/2009

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*TOI:*      *L04I Individual Life - Term*

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*Product Name:*      *Replacement Face Pg LT*

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## **Disposition**

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Replacement Face Page		Yes

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## Form Schedule

### Lead Form Number: L-LX-LTR (10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-LX-LTR (10)	Other	Replacement Face Page	Initial		55.000	Replacement Face Page L-LX-LTR (10).pdf

This certificate of membership and term life insurance is a legal contract between you and Thrivent Financial for Lutherans. We issue this contract based on the Application signed by the applicant and the payment of the initial premium shown on page 3. Upon receiving due proof of the Insured's death, we will pay the Death Proceeds (see Section 5.1) to the beneficiary according to the provisions of this contract.

**Right to Cancel. Please read this contract carefully.** You may cancel the contract for any reason before midnight of the 30th day after you first receive it. Do this by (1) mailing or delivering notice of cancellation to our Service Center or to the representative through whom you bought it, and (2) returning the contract. Notice given by mail and return of the contract by mail are effective on being postmarked, properly addressed and postage prepaid. If you cancel the contract, it will be deemed void from the beginning. Within 10 days after we receive notice of cancellation and the returned contract, we will refund all premiums paid (with no deductions for any fees or charges).

Term Life Insurance to Age 95.  
Premiums payable as shown on page 3.  
Premiums subject to change after Premium Guarantee Period.  
Renewable annually to age 95 after Premium Guarantee Period.  
Convertible on or before Last Conversion Date shown on page 3.  
Eligible for annual dividends.  
[Accidental Death Benefit rider excludes war risks.]

**Service Center:**  
Thrivent Financial for Lutherans  
[4321 North Ballard Road]  
[Appleton, WI 54919-0001]  
  
Telephone [(800) 847-4836]  
[www.thrivent.com](http://www.thrivent.com)

Signed for the Society

President [  ]

Secretary [  ]

INSURED: [ JOHN DOE ]

AGE: [ 35 ] SEX: [ MALE ]

CONTRACT NUMBER: [ 1234567 ]

DATE OF ISSUE: [ JANUARY 1, 2010 ]

FACE AMOUNT: [ \$100,000 ]

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> AR LT Ctf of Compliance.pdf AR LT Flesch Ctf.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - no policy being submitted at this time. <b>Comments:</b>	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> N/A - no policy being submitted at this time. <b>Comments:</b>	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> AR TERM Statement of Variability.pdf	Item Status:	Status Date:



**CERTIFICATION  
OF  
COMPLIANCE**

FORM NUMBER

**L-LX-LTR (10)**

FORM TITLE

**Replacement Face Page**

I certify that the above form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

\_\_\_\_\_  
Signature of Officer

**David J. Christianson**

Name (Typed or Printed)

**Director, Contract Forms and Compliance**

Title

**November 5, 2009**

Date

ARKANSAS

Certification

I, David J. Christianson, an officer of Thrivent Financial for Lutherans, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms comply with the requirements of Arkansas Code Ann. 23-80-206.

Form

Flesch Score

**L-LX-LTR (10)**

**55**

11/5/2009

Date

\_\_\_\_\_  
David J. Christianson  
Director, Contract Forms and Compliance

## Statement of Variability

### Replacement Face Page, Form L-LX-LTR (10)

The following items have been bracketed to indicate that the information may be different in different replacement face pages or may be subject to change.

1. Service Center **address** and **telephone number** may be changed.
2. **Accidental Death Benefit rider excludes war risks.**  
This wording will only appear when the Accidental Death Benefit Rider is elected.
4. **Officers' signatures** will change if new officers are elected.
5. **INSURED, AGE, SEX,** and **CONTRACT NUMBER** are specific to each insured.
6. **DATE OF ISSUE** is the date the application is signed.
7. **FACE AMOUNT**  
\$50,000 minimum – maximum is subject to financial underwriting, suitability and reinsurance.